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THE RESIDENCE **REQUEST FOR WITHDRAWAL** AS ATTORNEY OR AGENT

Application Numb r	09/900,512	
Filing Date	July 6, 2001	
First Named Inventor	Dodge /	
Group Art Unit	1211 3643101 20n	:(
Examiner Name	J. Pierce	
Attorney Docket Number	11710-0112 (44040-260570)	

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Address	Legal Department	Legal Department							
Address	401 North Lake Street	401 North Lake Street							
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Telephone	920-721-2000	Fax							
☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with (customer Number ☐ This request is enclosed in triplicate (including any attachments).									
Name Robert E. Bichards - Reg. No. 24/105									
Signature // Clark / Jan									
Date 7-3-03									
NOTE: Withdrawal is effective when approved rather than when received Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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